

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EDEN MEDICAL CENTER		D Employer identification number
		Doing Business As		94-2948100
		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number
		20103 LAKE CHABOT ROAD		(916) 286-6665
		City or town, state or country, and ZIP + 4		
		CASTRO VALLEY, CA 94546		G Gross receipts \$ 311,272,761.
		F Name and address of principal officer: GEORGE BISCHALANEY		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶
J Website: ▶ WWW.SUTTERHEALTH.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1885 M State of legal domicile: CA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
Revenue	5 Total number of employees (Part V, line 2a)	5	1,841
	6 Total number of volunteers (estimate if necessary)	6	149
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	794,627.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	315,442.
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,362,232.	695,921.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,948,202.	308,314,590.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,145,747.	243,757.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,813,889.	1,746,487.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	309,270,070.	311,000,755.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	163,772,742.	170,871,770.
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 900,301.	0.	0.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	125,464,365.	123,996,070.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	289,237,107.	294,867,840.
	19 Revenue less expenses. Subtract line 18 from line 12	20,032,963.	16,132,915.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
21 Total liabilities (Part X, line 26)	106,342,858.	113,660,086.	
22 Net assets or fund balances. Subtract line 21 from line 20	91,576,456.	101,129,275.	
	14,766,402.	12,530,811.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG U.S. LLP	11-1-10	P00043433
		2901 DOUGLAS BLVD., SUITE 300 ROSEVILLE, CA 95661	EIN ▶	34-6565596
		Phone no. ▶	916-218-1900	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 272,108,415. including grants of \$) (Revenue \$ 308,314,590.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 272,108,415.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	Yes	No
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 1,068		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,841		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	11	
b Enter the number of voting members that are independent	8	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GREGG TEKAWA 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546
510-727-8290

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID DAVINI CPA CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
HARRY DVORSKY MD DIRECTOR	1.00	X						0.	0.	0.
S WALTER KRAN MD VICE CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
KENT MYERS TREASURER/DIRECTOR	1.00	X						0.	0.	0.
JEFFREY RANDALL MD DIRECTOR/SECRETARY	1.00	X		X				0.	0.	0.
RAJENDRA RATNESAR MD DIRECTOR/MED DIR OF QUAL ASSUR	20.00	X						78,106.	0.	0.
FRANCISCO RICO MD DIRECTOR	1.00	X						0.	0.	0.
CAROLE ROGERS RN DIRECTOR	1.00	X						0.	0.	0.
ED BERDICK REGIONAL PRESIDENT EAST BAY	40.00	X						0.	1,197,368.	870,225.
VIN SAWHNEY DIRECTOR	1.00	X						0.	0.	0.
GEORGE BISCHALANEY CEO EDEN MED CTR	40.00			X				0.	554,317.	301,720.
CATHERINE MESSMAN CFO EDEN MEDICAL CENTER	40.00			X				0.	204,529.	156,219.
VERONICA BAYDUZA ADMIN SAN LEANDRO HOSPITAL	40.00				X			0.	297,358.	99,405.
ROSE CORCORAN VP PATIENT CARE SVCS EMC	40.00				X			0.	228,873.	84,837.
BRYAN DAYLOR VP ANCILLARY SUPPORT SVC EMC	40.00				X			0.	262,940.	95,882.
PETER EGGLETON HR DIRECTOR EDEN MEDICAL CTR	40.00				X			0.	215,649.	79,083.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORA HENDRICKSON DIRECTOR OF RISK MANAGEMENT	40.00				X			163,696.	0.	21,549.
SIDNEY WANETICK VP MEDICAL AFFAIRS EMC	40.00				X			0.	327,010.	230,036.
OLEN HENRY RN	40.00					X		217,965.	0.	24,740.
LINDA STALLINGS RN	40.00					X		208,961.	0.	24,211.
ADOBI EZENEKWE RN	40.00					X		203,273.	0.	23,876.
KAREN MANNERING RN	40.00					X		200,991.	0.	23,742.
ARDELINI FORTALEZA RN	40.00					X		197,129.	0.	23,515.
GREGG TEKAWA DIRECTOR OF FINANCE	40.00						X	138,797.	0.	20,085.
1b Total								1,408,918.	3,288,044.	2,079,125.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **484**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **56**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	695,921.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		695,921.			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	900099	308,452,573.	308,452,573.		
	b	EAST BAY RADIATION	900099	-137,983.	-137,983.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		308,314,590.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		234,546.			234,546.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		0.			
		(i) Real (ii) Personal					
	6a	Gross Rents	1,173,954.				
	b	Less: rental expenses	179,937.				
	c	Rental income or (loss)	994,017.				
	d	Net rental income or (loss)		994,017.			994,017.
		(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other than inventory	0. 10,035.				
	b	Less: cost or other basis and sales expenses	824. 0.				
	c	Gain or (loss)	-824. 10,035.				
	d	Net gain or (loss)		9,211.			9,211.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 49,088.				
	b	Less: direct expenses	b 91,245.				
	c	Net income or (loss) from fundraising events		-42,157.			-42,157.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	UBI - LABORATORY	621500	794,627.		794,627.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		794,627.				
12	Total Revenue. See instructions		311,000,755.	308,314,590.	794,627.	1,195,617.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	2,005,468.	0.	2,005,468.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.	0.	0.	0.
7 Other salaries and wages	111,846,852.	106,222,518.	5,406,577.	217,757.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	10,110,497.	9,728,990.	367,423.	14,084.
9 Other employee benefits	37,682,728.	35,245,997.	2,364,125.	72,606.
10 Payroll taxes	9,226,225.	8,874,618.	332,799.	18,808.
11 Fees for services (non-employees):				
a Management	0.	0.	0.	0.
b Legal	803,584.	959.	802,625.	0.
c Accounting	54,145.	0.	54,145.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	53,497.	0.	53,497.	0.
g Other	0.	0.	0.	0.
12 Advertising and promotion	0.	0.	0.	0.
13 Office expenses	31,609,827.	31,495,626.	98,009.	16,192.
14 Information technology	0.	0.	0.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	0.	0.	0.	0.
17 Travel	73,008.	60,608.	9,198.	3,202.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	0.	0.	0.	0.
20 Interest	1,697,119.	1,697,119.	0.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization . . .	11,773,454.	11,773,454.	0.	0.
23 Insurance	2,749,240.	2,657,631.	91,103.	506.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BAD DEBT EXPENSE</u>	18,271,615.	18,271,615.	0.	0.
b <u>PURCHASED SERVICES</u>	12,759,924.	12,474,367.	285,557.	0.
c <u>MD FEES</u>	10,703,073.	8,625,773.	2,077,300.	0.
d <u>EQUIPMENT RENTAL MAINTENANCE</u>	5,123,143.	5,028,422.	89,583.	5,138.
e <u>IT CHARGEBACK</u>	5,224,310.	5,224,310.	0.	0.
f All other expenses	23,100,131.	14,726,408.	7,821,715.	552,008.
25 Total functional expenses. Add lines 1 through 24f	294,867,840.	272,108,415.	21,859,124.	900,301.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,382,184.	2	12,599,410.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	41,403,344.	4	48,877,656.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,110,478.	8	5,157,077.
	9 Prepaid expenses and deferred charges	677,098.	9	289,404.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 130,808,089.		
	b Less: accumulated depreciation	10b 92,591,604.	44,768,090.	10c 38,216,485.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	4,317,644.	13	4,636,171.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,684,020.	15	3,883,883.
16 Total assets. Add lines 1 through 15 (must equal line 34)	106,342,858.	16	113,660,086.	
Liabilities	17 Accounts payable and accrued expenses	22,718,630.	17	23,145,961.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	64,731,935.	20	64,731,935.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	4,125,891.	25	13,251,379.
	26 Total liabilities. Add lines 17 through 25	91,576,456.	26	101,129,275.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,311,462.	27	8,789,651.
	28 Temporarily restricted net assets	3,454,940.	28	3,741,160.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	14,766,402.	33	12,530,811.
	34 Total liabilities and net assets/fund balances	106,342,858.	34	113,660,086.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

Name of the organization

EDEN MEDICAL CENTER

Employer identification number

94-2948100

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B

Redacted

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

EDEN MEDICAL CENTER

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

94-2948100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.			
b Buildings	0.	70,454,522.	51,598,530.	18,855,992.
c Leasehold improvements	0.	0.	0.	0.
d Equipment	0.	57,202,889.	39,762,383.	17,440,506.
e Other	0.	3,150,678.	1,230,691.	1,919,987.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				38,216,485.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶	

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	INSURANCE LIABILITIES	1,914,115.
	OTHER LIABILITIES	1,612,104.
	THIRD PARTY SETTLEMENTS	1,187,362.
	INTERCOMPANY PAYABLES	8,537,798.
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,251,379.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE FROM AUDIT

PART XIV

IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48). FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES. FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. FIN 48 WAS ADOPTED BY SUTTER IN 2007 AND ITS ADOPTION DID NOT HAVE A MATERIAL EFFECT ON SUTTER'S COMBINED FINANCIAL POSITION OR RESULTS OF OPERATIONS.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open To Public
Inspection

Name of the organization
EDEN MEDICAL CENTER

Employer identification number
94-2948100

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|---|--------------------------|----------------------------------|---|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | In-person solicitations | | | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 RUN TO THE LAKE (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	49,088.			49,088.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	49,088.			49,088.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	91,245.			91,245.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(91,245.)
11 Net income summary. Combine line 3, column (d), and line 10				-42,157.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain: _____		
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain: _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility **13a** %
- b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount of gaming revenue retained by the third party ►\$

- c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ►\$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor
17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

Employer identification number

EDEN MEDICAL CENTER

94-2948100

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	X	
1b If "Yes," is it a written policy?	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.		
<input type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Does the organization prepare an annual community benefit report?	X	
6b If "Yes," does the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			11,855,557.		11,855,557.	4.29
b Unreimbursed Medicaid (from Worksheet 3, column a)			40,440,949.	31,739,813.	8,701,136.	3.15
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			52,296,506.	31,739,813.	20,556,693.	7.44
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			643,980.	35,377.	608,603.	.22
f Health professions education (from Worksheet 5)			1,394,485.		1,394,485.	.50
g Subsidized health services (from Worksheet 5)			1,569,378.		1,569,378.	.57
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			160,724.		160,724.	.06
j Total Other Benefits			3,768,567.	35,377.	3,733,190.	1.35
k Total. Add lines 7d and 7j			56,065,073.	31,775,190.	24,289,883.	8.79

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2009

JSA

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Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense (at cost) 4,343,163.
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

	Yes	No
1		X
2		
3		
4		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 41,740,484.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 49,535,301.
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) -7,794,817.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system
☒ Cost to charge ratio
☐ Other
Section C. Collection Practices

- 9a Does the organization have a written debt collection policy?
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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Part V

[illegible]

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 3

THE ORGANIZATION MAKES EVERY EFFORT TO QUALIFY THOSE ELIGIBLE FOR CHARITY CARE. IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS.

PART III, LINE 7

MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS. THEREFORE THE AMOUNT REFLECTED ON THE COST REPORT WILL LIKELY DIFFER FROM ACTUAL COSTS WHICH MAY BE REFLECTED IN THE COMMUNITY BENEFIT REPORT AND ON THIS FORM.

PART I, LINE 3C:

TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 200% OF FPG. PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES APPLIES TO UNINSURED PATIENTS THAT WHOSE FAMILY INCOMES ARE BETWEEN

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

201% AND 400%. IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO

UNINSURED PATIENTS:

- SPECIAL CIRCUMSTANCES CHARITY CARE: FOR UNINSURED PATIENTS WHO DO

NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE

ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES

INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED,

ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES

A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY

CRITERIA.

- CATASTROPHIC CHARITY CARE: PARTIAL WRITE-OFF WHEN THE FINANCIAL

RESPONSIBILITY EXCEEDS 30% OF THE PATIENT'S FAMILY INCOME. PATIENTS

THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED

CHARGES THAT EXCEED 30% OF THEIR FAMILY INCOME.

- HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS): PARTIAL

WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE

FAMILY INCOME IS LESS THAN 350% OF FPG, MEDICAL EXPENSES EXCEED 10%

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S INSURE HAS NOT

PROVIDED A DISCOUNT.

- UNINSURED PATIENT DISCOUNT: A WRITE-OFF OF A PORTION OF COVERED

SERVICES NO GREATER THAT THE CURRENT AVERAGE COMMERCIAL

FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE

BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED

PRIOR TO ADMISSION.

- PROMPT PAYMENT DISCOUNT: PARTIAL WRITE-OFF AVAILABLE TO UNINSURED

PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 10% DISCOUNT FOR

THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING, OR A 20% DISCOUNT IF

50% OF THE ESTIMATED BILL IS PAID PRIOR TO DISCHARGE.

PART I, LINE 7, COLUMN F:

THE ORGANIZATION'S TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25,

COLUMN (A) WAS \$294,867,840. THE BAD DEBT EXPENSE INCLUDED IN THIS

AMOUNT WAS \$18,271,615. THIS LEFT A TOTAL EXPENSE OF \$276,596,225

FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F).

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4:**1. AUDIT FOOTNOTE**

THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A
SYSTEM-WIDE AUDIT. THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT
EXPENSE FOOTNOTE. PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE
LINE ITEM IN THE FINANCIAL STATEMENTS. THE AUDIT DOES INCLUDE
FOOTNOTES FOR PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE
REVENUES LISTED BELOW.

PATIENT ACCOUNTS RECEIVABLE AUDIT FOOTNOTE: SUTTER'S PRIMARY
CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH
CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE
COMPANIES AND PRIVATE PATIENTS. SUTTER MANAGES THE RECEIVABLES BY
REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY
PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS.

SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE ARE
AS FOLLOWS:

MEDICARE 27% AS OF 12/31/09 28% AS OF 12/31/08

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MEDI-CAL 20% AS OF 12/31/09 19% AS OF 12/31/08

DURING 2009 AND 2008, CERTAIN AFFILIATES COLLECTED ON ACCOUNTS THAT WERE PREVIOUSLY DEEMED UNCOLLECTIBLE AND RESERVED. SUCH RECOVERIES ARE RECOGNIZED IN THE PERIOD THAT CASH IS RECEIVED AND WERE NOT MATERIAL. DUE TO THE INHERENT VARIABILITY IN THIS AREA OF PATIENT RECEIVABLE COLLECTIONS, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT RECORDED ESTIMATES WILL CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM.

PATIENT SERVICE REVENUES FOOTNOTE: PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH THIRD-PARTY PAYORS. ESTIMATED SETTLEMENTS UNDER THIRD-PARTY REIMBURSEMENT PROGRAMS ARE ACCRUED IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, PRIMARILY AS A RESULT OF FINAL COST REPORT SETTLEMENTS WITH GOVERNMENTAL AGENCIES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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2. METHODOLOGY FOR CALCULATING BAD DEBT (AT COST)

THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT

ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF

BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE

2.

DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN

ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE.

3. METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY

ATTRIBUTABLE TO CHARITY CARE

AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE

DETERMINATION. UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED

AS CHARITY CARE.

PART III, LINE 8:

COSTING METHODOLOGY

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE

RATIO.

Part VI Supplemental Information

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COMMUNITY BENEFIT MEDICARE SHORTFALL

THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO

THE ELDERLY AND MEDICARE PATIENTS. CARING FOR MEDICARE PATIENTS

FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE

PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES. MEDICARE DOES NOT

PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE

FOR THESE PATIENTS FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER

THE DEFICIT OF \$7,794,817.

PART III, LINE 9B:

COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH

APPLICABLE PROVISIONS OF CALIFORNIA LAW. DURING PREADMISSION OR

REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION

REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE. AN UNINSURED

PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS

EVALUATED FOR FINANCIAL ASSISTANCE. PATIENTS WILL BE GIVEN AN

APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL

SITUATION. IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION

Part VI Supplemental Information

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FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT

THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE

PATIENT AN ADDITIONAL 30 DAYS TO COMPLETE THE APPLICATION.

IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO

RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS

TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE

HOSPITAL WILL NOT PURSUE COLLECTIONS.

NEEDS ASSESSMENT:

EDEN MEDICAL CENTER (EMC) PARTNERS WITH THE OTHER HOSPITALS OF

ALAMEDA COUNTY IN ASSESSING THE NEEDS OF THE COMMUNITY. THE

ASSESSMENTS ARE DONE EVERY THREE YEARS. THE LAST STUDY WAS COMPLETED

IN 2007, AND A NEW ASSESSMENT WILL BE CONDUCTED IN 2010. THE 2007

STUDY WAS COMPLETED BY THE COUNTY DEPARTMENT OF PUBLIC HEALTH AS A

SPECIAL PROJECT COMMISSIONED BY THE HOSPITALS. THE INFORMATION IS

USED TO GUIDE THE SERVICE EMPHASIS OF OUR HOSPITALS AND TO ESTABLISH

OUR COMMUNITY OUTREACH PRIORITIES.

Part VI Supplemental Information

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GEOGRAPHIES: EXCEPT WHERE SPECIFIED, HEALTH INDICATORS ARE ANALYZED

AND PRESENTED FOR THE FOLLOWING PLACES IN ALAMEDA COUNTY: ALAMEDA,

ALBANY, ASHLAND, BERKELEY, CASTRO VALLEY, CHERRYLAND, DUBLIN,

EMERYVILLE, FAIRVIEW, FREMONT, HAYWARD, LIVERMORE, NEWARK, OAKLAND,

PIEDMONT, PLEASANTON, SAN LEANDRO, SAN LORENZO, SUNOL, AND UNION

CITY. ADDITIONALLY, DATA IS PRESENTED FOR FIVE REGIONS OF THE COUNTY

SO THAT HOSPITALS HAVE A REGIONAL REFERENCE RATHER THAN RELYING ON

COUNTY LEVEL DATA IF NUMBERS ARE INSUFFICIENT TO PRESENT CITY LEVEL

RATES.

FOR EVERY GEOGRAPHIC LEVEL, RATES (THREE-YEAR AVERAGES) WILL BE

CALCULATED IF NUMBERS PERMIT (I.E., CELL SIZES ≥ 10); OTHERWISE

SIMPLE COUNTS WILL BE PROVIDED. AGE-ADJUSTED RATES FOR RELEVANT

HEALTH INDICATORS WILL BE PRESENTED IN TABULAR FORM BY CITY/PLACE

OVERALL AND BY GENDER AND RACE-ETHNICITY WHERE NUMBERS PERMIT.

GRAPHIC PRESENTATIONS WILL INCLUDE OVERALL AGE-ADJUSTED RATES BY

CITY/PLACE AND AGE/GENDER AND RACE/ETHNICITY/GENDER FOR THE COUNTY AS

A WHOLE.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

Part VI Supplemental Information

Complete this part to provide the following information.

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EMC FOLLOWS A SUTTER HEALTH SYSTEMWIDE CHARITY CARE POLICY, WHICH

INCLUDES THE FOLLOWING DETAILS OF HOW PATIENT EDUCATION FOR

ELIGIBILITY ASSISTANCE.

COMMUNICATION OF FINANCIAL ASSISTANCE AVAILABILITY

A. INFORMATION PROVIDED TO PATIENTS:

1. PREADMISSION OR REGISTRATION: DURING PREADMISSION OR REGISTRATION

(OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL

PROVIDE:

A. ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF

FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR

FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION

FOR UNINSURED PATIENTS)

B. PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A

FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER

HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF

FINANCIAL CONDITION"

2. EMERGENCY SERVICES. IN THE CASE OF EMERGENCY SERVICES, HOSPITAL

AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICAL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR
UPON DISCHARGE.

3. ALL OTHER TIMES: UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE
PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF
THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH
STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF
FINANCIAL CONDITION"

B. POSTINGS AND OTHER NOTICES:

INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS
FOLLOWS:

1. BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE
THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT
ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY
DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL
OUTPATIENT SERVICE SETTINGS.

2. BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE
SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY.

3. BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS

Part VI Supplemental Information

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THAT ARE SENT TO UNINSURED PATIENTS.

4. BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS
SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS
RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY
LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY
14-227) ..

C. APPLICATIONS PROVIDED AT DISCHARGE:

IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE
UNINSURED PATIENTS WITH APPLICATIONS FOR MEDI-CAL, HEALTHY FAMILIES,
CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE
GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE.

D. LANGUAGES:

ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE
AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA
AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS
AND REGULATIONS.

Part VI Supplemental Information

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E. NOTIFICATION TO UNINSURED PATIENTS OF ESTIMATED FINANCIAL

RESPONSIBILITY:

BY LAW, UNINSURED PATIENTS ARE ENTITLED TO RECEIVE AN ESTIMATE OF

THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES. EXCEPT IN THE

CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL NOTIFY PATIENTS

WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED PATIENTS THAT THEY MAY

OBTAIN AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL

SERVICES, AND PROVIDE ESTIMATES TO THOSE PATIENTS UPON REQUEST.

ESTIMATES SHALL BE WRITTEN, AND BE PROVIDED DURING NORMAL BUSINESS

HOURS. ESTIMATES SHALL PROVIDE THE PATIENT WITH AN ESTIMATE OF THE

AMOUNT THE HOSPITAL AFFILIATE WILL REQUIRE THE PATIENT TO PAY FOR THE

HEALTH CARE SERVICES, PROCEDURES, AND SUPPLIES THAT ARE REASONABLY

EXPECTED TO BE PROVIDED TO THE PATIENT BY THE HOSPITAL, BASED UPON

THE AVERAGE LENGTH OF STAY AND SERVICES PROVIDED FOR THE PATIENT'S

DIAGNOSIS.

Part VI Supplemental Information

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COMMUNITY INFORMATION:

EDEN MEDICAL CENTER SERVES THE CENTRAL AREA OF ALAMEDA COUNTY,

CALIFORNIA. THE PINK AREA OF THE GRAPHIC BELOW SHOWS THE ZIPCODES

SERVED (EDEN IS IN THE CENTER OF HIS AREA, IN ZIP CODE 94546).

APPROXIMATELY 75% OF OUR PATIENTS COME FROM THE INCORPORATED AND

UNINCORPORATED JURISDICTIONS OF CASTRO VALLEY, HAYWARD, SAN LEANDRO,

SAN LORENZO, ASHLAND, CHERRYLAND, FAIRVIEW AND (SOUTHEAST) OAKLAND.

ANOTHER 15% COME FROM FREMONT, UNION CITY, PLEASANTON, DUBLIN, AND

LIVERMORE TO THE SOUTH AND EAST OF EDEN MEDICAL CENTER.

EDEN'S SERVICE AREA IS VERY DIVERSE IN RACE/ETHNICITY, ECONOMIC

STATUS, AND HEALTH STATUS. THE NEXT TABLE SUMMARIZES THE

DEMOGRAPHICS OF EDEN'S KEY COMMUNITIES.

THIS DEMOGRAPHIC DATA HELPS US IN PRIORITIZING OUR SERVICES. SOME

KEY POINTS:

* APPROXIMATELY 60,000 PEOPLE IN OUR MAIN SERVICE AREA SPEAK

ENGLISH "LESS THAN WELL OR VERY WELL." BY FAR THE LARGEST

Part VI Supplemental Information

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PROPORTION OF THIS GROUP ARE SPANISH SPEAKING.

* ASHLAND AND CHERRYLAND ARE WITHIN A COUPLE OF MILES; THEY ARE

AN AT-RISK POPULATION FOR MEDICAL PROBLEMS AND POOR QUALITY OF LIFE

GENERALLY, I.E. INCOME, EDUCATION, ETC.

* EDEN PLANS FOR A HIGH LEVEL OF CHARITY CARE AS NEARBY

COMMUNITIES ALSO ARE UNDERSERVED WITH REGARD TO HEALTH CARE.

* BOTH SAN LEANDRO HOSPITAL AND EDEN HOSPITAL HAVE LARGE

EMERGENCY DEPARTMENTS TO MEET THE NEEDS OF THE COMMUNITY.

COMMUNITY BUILDING ACTIVITIES:

N/A

OTHER INFORMATION:

SUTTER HEALTH'S MISSION READS:

WE ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE,

THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN

HEALTH CARE SERVICES.

SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR CARE

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FACILITIES. OUR AFFILIATES FURTHER THEIR TAX EXEMPT PURPOSE BY:

* BUILDING RELATIONSHIPS OF TRUST THROUGH WORKING COLLABORATIVELY

WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO

EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY

NEEDS

* SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO

COMMUNITY HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND

SERVICES AND EMPLOYEE VOLUNTEERISM

* PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST

VULNERABLE COMMUNITY MEMBERS

EXAMPLES OF EMC SPECIFIC ACTIVITIES INCLUDE:

BASED ON ALL INPUT EDEN'S INITIATIVES FOR SERVING THE COMMUNITY

DURING 2008-2010 FOLLOW. LISTED BELOW EACH ARE SOME SPECIFIC

EXAMPLES OF COMMUNITY BUILDING ACTIVITIES:

* ACCESS: PROVIDE AND IMPROVE ACCESS TO CARE, SERVICES, AND

RESOURCES WITHIN THE PRIMARY PLANNING AREA, BY PROVIDING DIRECT

SERVICE TO THE COMMUNITY AND WORKING TO ALLEVIATE SHORTAGES OF HEALTH

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Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CARE WORKERS.

- CONTRACTS WITH APPROXIMATELY 30 SCHOOLS AND COLLEGES TO PROVIDE
INTERNSHIPS, PRECEPTORSHIPS, AND OTHER EDUCATIONAL EXPERIENCES FOR
STUDENTS IN HEALTHCARE PROFESSIONS.

- FREE LABORATORY AND RADIOLOGY SERVICES FOR THE ROTOCARE FREE
CLINIC IN SAN LEANDRO.

- FREE INFLUENZA SHOTS FOR COMMUNITY MEMBERS.

- BROAD-BASED, ORGANIZATIONAL SUPPORT FOR CHARITIES ADDRESSING
MEDICAL RESEARCH AND EDUCATION, E.G. MARCH OF DIMES.

* DIVERSITY: MEET THE NEEDS OF AN INCREASINGLY DIVERSE SERVICE
AREA, WITH EMPHASIS ON PROVIDING COMMUNITY ADVOCACY, HEALTH CARE, AND
HEALTH INFORMATION FOR RESIDENTS WITH LIMITED ENGLISH PROFICIENCY OR
NO INSURANCE.

- SPANISH LANGUAGE MATERNITY TOURS AT THE HOSPITAL AND
SPANISH-LANGUAGE CHILDBIRTH EDUCATION CLASSES (TAUGHT BY CERTIFIED
CHILDBIRTH EDUCATORS) AT TIBURCIO VASQUEZ HEALTH CENTER IN HAYWARD.

- PARTICIPATION IN MEETINGS OF COMMUNITY GROUPS ADDRESSING HEALTH
ACCESS OR LOCATED IN THE ASHLAND-CHERRYLAND AND SOUTH HAYWARD AREAS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PARTICULARLY-THE POORER AREAS OF EDEN'S SERVICE AREA.

* CHRONIC HEALTH PROBLEMS: ADDRESS PROBLEMS OF HEART DISEASE,
STROKE, DIABETES, AND PULMONARY HEALTH THROUGH SCREENINGS AND
EDUCATION.

- PROVISION OF CPR PROGRAMS FOR HEALTH CARE PROVIDERS,
LAYPERSONS, AND NEW PARENTS AT THE HOSPITALS AND THROUGHOUT OUR
COMMUNITIES.

- RESOURCES, INCLUDING THE STROKE SUPPORT GROUP, FOR STROKE
VICTIMS AND THEIR FAMILIES.

- THROUGH PARTICIPATION IN COMMUNITY HEALTH FAIRS, MORE THAN
30,000 PEOPLE WERE MADE AWARE OF EDEN'S SERVICES AND LEARNED MORE
ABOUT CHRONIC HEALTH PROBLEMS, INCLUDING HEART HEALTH, CANCER
EDUCATION AND PREVENTION, DIABETES, OSTEOPOROSIS, AND HYPERTENSION.

* CHILDREN/TEEN HEALTH: ADDRESS IMPROVEMENT IN CHILDREN'S AND
TEEN HEALTH, COLLABORATING WITH LOCAL PHYSICIANS AND SCHOOLS ON KEY
HEALTH ISSUES, E.G. IMMUNIZATIONS, PRIMARY CARE, TEEN PREGNANCY.

- PROVISION OF SUPPORT TO ORGANIZATIONS IN THE COMMUNITY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADDRESSING ISSUES OF TEEN HEALTH, E.G. GIRLS, INC., SAN LEANDRO GIRLS

AND BOYS CLUB, DAVIS STREET FAMILY RESOURCE CENTER.

- MEETINGS OF TRAUMA SERVICES STAFF WITH COUNSELORS, AND

ADMINISTRATORS FROM THE CASTRO VALLEY AND HAYWARD SCHOOL DISTRICTS TO

ADDRESS SCHOOL SAFETY.

- COORDINATE AND FACILITATE EVERY 15 MINUTES, A PROGRAM TO

DISCOURAGE DRINKING AND DRIVING BY TEENAGERS AT SEVERAL HIGH SCHOOLS

IN THE AREA.

* MENTAL HEALTH: OFFER MENTAL HEALTH PROGRAMS AND SUPPORT GROUPS

TARGETING CHRONIC ILLNESS, SUBSTANCE ABUSE, SENIORS, AND PARENTS.

- LEADERSHIP OF OR SUPPORT FOR NUMEROUS SUPPORT GROUPS RELATED TO

CHRONIC ILLNESS AND SUBSTANCE ABUSE.

- PROVISION OF MENTAL HEALTH SCREENINGS, E.G., DEPRESSION,

ANXIETY, FOR THE ADULT AND GERIATRIC POPULATIONS IN THE COMMUNITY

* VIOLENCE/INJURY PREVENTION: AS A LEVEL TWO TRAUMA CENTER, USE

OUR EXPERTISE TO PROVIDE OUTREACH AND EDUCATION EFFORTS EMPHASIZING

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

VIOLENCE AND INJURY PREVENTION, TO REDUCE THE NUMBER OF VIOLENCE AND

ACCIDENT RELATED INJURIES AND DEATHS IN ALAMEDA COUNTY.

- PROVISION OF CAR SEAT SAFETY EDUCATION CLASSES FOR NEW PARENTS

THROUGH EMC'S PRENATAL EDUCATION PROGRAM OFFERINGS

- PARTICIPATION IN COMMUNITY GROUPS FOCUSED ON PREVENTION

VIOLENCE AND ACCIDENT-RELATED INJURIES, INCLUDING THE EDEN AREA

ALCOHOL POLICY WORKING GROUP WITH NATE MILEY, ALAMEDA COUNTY

SUPERVISOR, AND THE NEWLY FORMED ASHLAND/ CHERRYLAND VIOLENCE

PREVENTION COLLABORATIVE.

- LEADERSHIP IN THE TRAUMA EDUCATION CONSORTIUM (TEC) AND

ORGANIZATION OF "TOTALLY TRAUMA," A CONFERENCE THAT EDUCATES

COMMUNITY NURSES AND PHYSICIANS ABOUT TRAUMA CARE AND TRAUMA

PREVENTION.

AFFILIATED HEALTH CARE SYSTEM ROLES:

EMC IS PART OF SUTTER HEALTH, A NOT-FOR-PROFIT SYSTEM OF PHYSICIANS,

HOSPITALS AND OTHER HEALTH CARE PROVIDERS. SERVING PATIENTS AND THEIR

FAMILIES IN MORE THAN 100 NORTHERN CALIFORNIA CITIES AND TOWNS,

SUTTER HEALTH AFFILIATES JOIN RESOURCES AND SHARE EXPERTISE TO

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADVANCE HEALTH CARE QUALITY AND ACCESS. SUTTER-AFFILIATED HOSPITALS

ARE REGIONAL LEADERS IN CARDIAC CARE, WOMEN'S AND CHILDREN'S

SERVICES, CANCER CARE, ORTHOPEDICS, AND ADVANCED PATIENT SAFETY

TECHNOLOGY.

SUTTER HEALTH HOSPITALS PLAN AND DELIVER COMMUNITY BENEFIT SERVICES

LOCALLY WITH A FOCUS ON COLLABORATING WITHIN THEIR COMMUNITY TO MEET

IDENTIFIED NEEDS. IN 2009, SUTTER HEALTH AFFILIATES PROVIDED \$667

MILLION IN SERVICES TO THE POOR* AND BROADER COMMUNITY**. SUTTER

HEALTH FOLLOWS THE NATIONAL STANDARDS FOR COMMUNITY BENEFIT REPORTING

AS OUTLINED IN CHA'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY

BENEFIT 2009.

* SERVICES FOR THE POOR AND UNDERSERVED INCLUDE SERVICES PROVIDED TO

PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES

AND/OR ARE UNINSURED OR UNDERINSURED, AS WELL AS THE COSTS OF PUBLIC

PROGRAMS TREATING MEDICAL AND INDIGENT BENEFICIARIES. COSTS ARE

COMPUTED BASED ON A RELATIONSHIP OF COSTS TO CHARGES. SERVICES FOR

THE POOR AND UNDERSERVED ALSO INCLUDE THE COST OF OTHER SERVICES FOR

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INDIGENT POPULATIONS, AND CASH DONATIONS ON BEHALF OF THE POOR AND
NEEDY.

** BENEFITS FOR THE BROADER COMMUNITY INCLUDE COSTS OF PROVIDING THE
FOLLOWING SERVICES: HEALTH SCREENINGS AND OTHER HEALTH-RELATED
SERVICES, TRAINING HEALTH PROFESSIONALS, EDUCATING THE COMMUNITY WITH
VARIOUS SEMINARS AND CLASSES, THE COST OF PERFORMING MEDICAL RESEARCH
AND THE COSTS ASSOCIATED WITH PROVIDING FREE CLINICS AND COMMUNITY
SERVICES. BENEFITS FOR THE BROADER COMMUNITY ALSO INCLUDE
CONTRIBUTIONS SUTTER HEALTH MAKES TO COMMUNITY AGENCIES TO FUND
CHARITABLE ACTIVITIES.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

CA,

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

EDEN MEDICAL CENTER

Employer identification number

94-2948100

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** ☐ **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☒ **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** ☐ **X**
- b** Any related organization? **5b** ☐ **X**
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** ☐ **X**
- b** Any related organization? **6b** ☐ **X**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GEORGE BISCHALANEY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	436,190.	116,672.	1,455.	288,842.	12,878.	856,037.	73,462.
VERONICA BAYDUZA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	272,461.	23,600.	1,297.	93,430.	5,975.	396,763.	34,807.
ED BERDICK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	798,068.	385,204.	14,096.	852,716.	17,509.	2,067,593.	149,600.
GREGG TEKAWA	(i)	138,797.	0.	0.	8,161.	11,924.	158,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHERINE MESSMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	196,338.	7,800.	391.	72,567.	83,652.	360,748.	7,800.
ROSE CORCORAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	205,030.	21,000.	2,843.	70,874.	13,963.	313,710.	21,000.
BRYAN DAYLOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	236,052.	23,800.	3,088.	81,172.	14,710.	358,822.	23,800.
PETER EGGLETON	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	197,507.	17,900.	242.	64,416.	14,667.	294,732.	17,900.
DEBORA HENDRICKSON	(i)	163,696.	0.	0.	9,625.	11,924.	185,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SIDNEY WANETICK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	306,876.	19,300.	834.	112,007.	118,029.	557,046.	19,300.
OLEN HENRY	(i)	217,965.	0.	0.	12,816.	11,924.	242,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LINDA STALLINGS	(i)	208,961.	0.	0.	12,287.	11,924.	233,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ADOBI EZENEKWE	(i)	203,273.	0.	0.	11,952.	11,924.	227,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KAREN MANNERING	(i)	200,991.	0.	0.	11,818.	11,924.	224,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ARDELINI FORTALEZA	(i)	197,129.	0.	0.	11,591.	11,924.	220,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

RELEVANT INFORMATION REGARDING COMPENSATION ITEMS

PART I, QUESTION 1A

TRAVEL FOR COMPANIONS:

OFFICERS AND KEY EMPLOYEES PAID BY SUTTER HEALTH ARE ELIGIBLE TO BRING A

COMPANION ON ONE BUSINESS TRIP PER CALENDAR YEAR AND HAVE THE COST OF THE

AIRFARE AND MEALS PAID FOR BY SUTTER HEALTH. THE COST IS ADDED TO

EMPLOYEE'S WAGES. TAX INDEMNIFICATION: STANDARD POLICY FOR ALL SUTTER

HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX

PURPOSES. THE AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES.

SUPPLEMENTAL COMPENSATION INFORMATION

PART I, QUESTION 3

THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH. THE

COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS

ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO

ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE

COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN

OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S

OVERALL MISSION.

NONQUALIFIED RETIREMENT PLAN

PART I, QUESTION 4B

THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE ADDITIONAL

DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANTS, WHO ARE MEMBERS OF A

SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES, BY PROVIDING

FOR THE PAYMENT OF DEFERRED COMPENSATION AFTER THE COMPLETION OF THE

SPECIFIED NUMBER OF YEARS OF SERVICE. ANNUALLY, SUTTER HEALTH MAKES A

CONTRIBUTION TO EACH PARTICIPANT'S ACCOUNT BASED ON 4% OF BASE PAY. THERE

IS AN ADDITIONAL CONTRIBUTION FOR EXECUTIVES WHOSE PENSION ELIGIBLE

EARNINGS WERE GREATER THAN THE PENSION PAY CAP IN THE PREVIOUS YEAR. THE

CALCULATION IS AS FOLLOWS:

* PENSION ELIGIBLE EARNINGS

* LESS PENSION PAYCAP AMOUNT

* TIMES A SPECIFIC % BASED ON YEARS OF SERVICE THE PENSION

RESTORATION PLAN IS DESIGNED TO HELP MAXIMIZE EACH PARTICIPANT'S

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

RETIREMENT POTENTIAL BY PROVIDING A TARGETED BENEFIT THAT, ALONG WITH

EACH PARTICIPANT'S OTHER RETIREMENT INCOME, PROVIDES:

* 65% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65

WITH 22.5 YEARS OF SERVICE.

* 50% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65

WITH 15 YEARS OF SERVICE.

SINCE IT IS A TARGETED BENEFIT, ANNUAL CONTRIBUTION AMOUNTS VARY BASED ON

ASSUMPTIONS MADE TAKING INTO ACCOUNT EACH PARTICIPANTS' AGE, YEARS OF

SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES.

NAME AND AMOUNT FOR 2009

VERONICA BAYDUZA 13,500

ED BERDICK 198,600

GEORGE BISCHALANEY 43,600

ROSE CORCORAN 7,700

BRYAN DAYLOR 8,700

PETER EGGLETON 7,200

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

CATHERINE MESSMAN 10,900

SIDNEY WANETICK 20,200

NON-FIXED PAYMENTS

PART I, QUESTION 7

SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO

SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS

TO NEVER EXCEED 5% OF GROSS PAY.

94129J 4019

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

EDEN MEDICAL CENTER

Employer identification number

94-2948100

ATTACHMENT 1

MISSION STATEMENT

990 PART I, LINE 1 AND PART III, LINE 1

WE ENHANCE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE THROUGH EXCELLENCE, COMPASSION AND RESPECT FOR EVERY PERSON. THE MISSION OF EDEN MEDICAL CENTER IS CARRIED OUT BY OUR BOARD OF DIRECTORS, EMPLOYEES, PHYSICIANS AND VOLUNTEERS WHO ARE COMMITTED TO: PROVIDING OUR PATIENTS AND THEIR FAMILIES WITH THE HIGHEST QUALITY MEDICAL CARE AND CUSTOMER SERVICE. CREATING STANDARDS OF EXCELLENCE TO ENSURE QUALITY AND VALUE TO OUR PATIENTS. MAINTAINING A FINANCIALLY SOUND ORGANIZATION THROUGH EFFECTIVE CLINICAL AND ADMINISTRATIVE CONTROLS. ENCOURAGING A CULTURE THAT SUPPORTS EMPLOYEES AND PHYSICIANS IN DEVELOPING THEIR SKILLS AND TALENTS.

EXEMPT PURPOSE ACHIEVEMENTS

990, PART III, LINE 4A

EDEN MEDICAL CENTER IS A NOT-FOR-PROFIT, COMMUNITY-BASED MEDICAL CENTER THAT INCLUDES EDEN HOSPITAL, SAN LEANDRO HOSPITAL, AND LAUREL GROVE HOSPITAL. PHYSICIANS, VOLUNTEERS AND EMPLOYEES OF EDEN MEDICAL CENTER WORK TOGETHER TO ENSURE THAT THE COMMUNITY HAS ACCESS TO EXCEPTIONAL MEDICAL, SURGICAL, PSYCHIATRIC AND REHABILITATIVE SERVICES.

THE 302-BED MEDICAL CENTER IS THE REGIONAL TRAUMA CENTER FOR SOUTHERN ALAMEDA COUNTY, IS DESIGNATED A COMMUNITY CANCER CENTER BY THE AMERICAN COLLEGE OF SURGEONS AND IS FULLY ACCREDITED BY THE JOINT COMMISSION. AS

Name of the organization

EDEN MEDICAL CENTER

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94-2948100

ATTACHMENT 1 (CONT'D)

AN AFFILIATE OF SUTTER HEALTH, EDEN MEDICAL CENTER IS PART OF A NETWORK OF NON-PROFIT HOSPITALS, MEDICAL RESEARCH FACILITIES, HOME HEALTH, HOSPICE AND LONG TERM CARE CENTERS, WORKING TOGETHER TO SHARE EXPERTISE AND RESOURCES TO ADVANCE HEALTH CARE QUALITY.

EDEN MEDICAL CENTER IS WIDELY RECOGNIZED AS A LEADER IN EMERGENCY AND TRAUMA CARE, ELEVATING THE LEVEL OF CARE IN EVERY SERVICE WE OFFER. IN ADDITION, THE MEDICAL CENTER'S HEALTH EDUCATION CLASSES, SUPPORT GROUPS AND OUTREACH PROGRAMS ARE DESIGNED TO HELP RESIDENTS OF THE COMMUNITY LIVE HEALTHY, ACTIVE LIVES. AS THE LARGEST EMPLOYER IN THE REGION, EDEN MEDICAL CENTER'S LEADERSHIP AND EMPLOYEES RECOGNIZE THEIR RESPONSIBILITY TO BE A RESOURCE TO THE COMMUNITY, TO IMPROVE THE QUALITY OF LIFE AND HELP RESIDENTS AVOID INJURY AND ILLNESS. THE OUTREACH PROGRAMS OFFERED BY THE MEDICAL CENTER SUPPORT SEVERAL CENTERS OF EXCELLENCE:

* THE SUTTER EAST BAY NEUROSCIENCE CENTER PROVIDES THE MOST ADVANCED MEDICAL AND SURGICAL CARE USING MINIMALLY INVASIVE SURGICAL TECHNIQUES FOR THE TREATMENT OF BRAIN TUMORS, VASCULAR DISORDERS, MOVEMENT DISORDERS, AND SPINAL AND PERIPHERAL NERVE PROBLEMS.

* AS THE EAST BAY'S ONLY ADULT PSYCHIATRIC PROGRAM BASED IN AN ACUTE CARE HOSPITAL, EDEN'S PSYCHIATRIC SERVICES PROVIDE VOLUNTARY PSYCHIATRIC CARE THAT IS INDIVIDUALIZED, COMPASSIONATE, THERAPEUTIC AND COMMUNITY-BASED. SERVICES INCLUDE MENTAL HEALTH ASSESSMENTS, DIAGNOSIS AND BOTH INPATIENT AND OUTPATIENT TREATMENT FOR ADULTS EXPERIENCING ACUTE BEHAVIORAL AND EMOTIONAL CHALLENGES.

* ADVANCED RADIOLOGY AND IMAGING SERVICES ARE AVAILABLE AT BOTH THE

Name of the organization

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EDEN MEDICAL CENTER

94-2948100

ATTACHMENT 1 (CONT'D)

EDEN AND SAN LEANDRO HOSPITAL CAMPUSES. EDEN'S OUTPATIENT IMAGING CENTER BRINGS MANY OF OUR IMAGING SERVICES TOGETHER IN ONE CONVENIENT LOCATION, IMPROVING ACCESS, SPEED, COMFORT AND PRIVACY FOR PATIENTS. THESE SERVICES INCLUDE MRI, MAMMOGRAPHY, DOPPLER ULTRASOUND, BONE DENSITOMETRY, NUCLEAR MEDICINE WITH PET CAPABILITIES AND STEREOTACTIC BREAST BIOPSY, COMPLEMENTING THE RANGE OF RADIOLOGY AND FLUOROSCOPY PROCEDURES. EDEN IS ALSO HOME TO ADVANCED NEUROINTERVENTIONAL RADIOLOGY, FOR THE DIAGNOSIS AND NON-SURGICAL TREATMENT OF ANEURYSMS, VASCULAR STENOSIS, STROKE AND OTHER MAJOR NEUROLOGICAL DISEASES.

* REHABILITATION SERVICES AT EDEN MEDICAL CENTER INCLUDE ACUTE INPATIENT REHABILITATION (AT LAUREL GROVE HOSPITAL) AS WELL AS OUTPATIENT SERVICES AT EDEN AND AT THE OUTPATIENT REHABILITATION FACILITY IN SAN LEANDRO. THESE SERVICES - PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH THERAPY, SPECIALIZED HAND THERAPY, LYMPHEDEMA SERVICES, PULMONARY REHABILITATION AND POOL THERAPY AND EXERCISE CLASSES - ARE DESIGNED TO RESTORE FUNCTION TO PATIENTS WITH PROBLEMS RANGING FROM SIMPLE MOBILITY ISSUES TO COMPLEX COGNITIVE CONCERNS. LAUREL GROVE ACUTE IS A COMFORTABLE, ATTRACTIVE REHABILITATION HOSPITAL OFFERING PHYSICAL AND COGNITIVE REHABILITATION PROGRAMS DEDICATED EXCLUSIVELY TO TREATING INDIVIDUALS WHO HAVE EXPERIENCED A DISABLING INJURY OR ILLNESS. AS PART OF ITS MISSION AS A NOT-FOR-PROFIT HOSPITAL, EDEN MEDICAL CENTER PROVIDES BENEFIT TO ITS COMMUNITIES IN MANY WAYS, INCLUDING CHARITY CARE, SUBSIDIZED SERVICES, FINANCIAL DONATIONS TO LOCAL ORGANIZATIONS, COMMUNITY HEALTH EDUCATION ABOUT PREVENTION AND TREATMENT OF ACUTE AND CHRONIC DISEASES, AND TRAINING OF COMMUNITY MEMBERS FOR HEALTH

Name of the organization

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ATTACHMENT 1 (CONT'D)

PROFESSIONS. IN 2009, EDEN MEDICAL CENTER PROVIDED:

\$11,856,000 TRADITIONAL CHARITY CARE

\$ 8,598,000 OTHER CARE & SERVICES TO THE POOR & UNDERSERVED

\$ 3,328,000 BENEFIT TO THE BROADER COMMUNITY

FOR A TOTAL OF \$23,782,000, OR 7.87% OF NET PATIENT REVENUE.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, LINE 7A

THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. THERE ARE TWO MEMBERS: SUTTER HEALTH IS THE CORPORATE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS; AND EDEN TOWNSHIP HEALTHCARE DISTRICT SERVES AS A COMMUNITY MEMBER WITH THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS

FORM 990, PART VI, LINE 7B

SUTTER HEALTH AS THE CORPORATE MEMBER OF THE ORGANIZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APPLICABLE LAWS. THE CORPORATE MEMBER HAS THE RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SUBJECT TO THE PROVISIONS OF THE BYLAWS, IN ADDITION, THE CORPORATE AND COMMUNITY MEMBERS HAVE THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OR DIRECTORS:

A. AN AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OF THE

Name of the organization

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ATTACHMENT 1 (CONT'D)

CORPORATION;

B. AN AMENDMENT OR RESTATEMENT OF THE BYLAWS OF THE CORPORATION WHICH
WOULD MATERIALLY AND ADVERSELY AFFECT VOTING RIGHTS OF THE COMMUNITY
MEMBER;

C. A MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION OF THE
CORPORATION;

D. ANY ACTION THAT WOULD CAUSE THE CORPORATION TO CEASE TO OPERATE A
HOSPITAL UNDER THE CORPORATION'S CONTROL; AND

E. A SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION.

THE FOLLOWING ACTIONS OR ITEMS WILL REQUIRE THE APPROVAL OF THE GENERAL
MEMBER PRIOR TO IMPLEMENTATION OR BECOMING EFFECTIVE:

A. APPROVAL OF LONG-TERM OR MATERIAL AGREEMENTS INVOLVING MORE THAN ONE
MILLION DOLLARS (\$1,000,000.00), INCLUDING BORROWINGS, EQUITY FINANCINGS
OR CAPITALIZED LEASES, AND AGREEMENTS INVOLVING THE SALE OR DISPOSITION
OF ASSETS WHICH INVOLVE THE RECEIPT OR PAYMENT OF MORE THAN ONE MILLION
DOLLARS (\$1,000,000.00);

B. APPROVAL OF THE CORPORATION'S STRATEGIC PLAN;

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ATTACHMENT 1 (CONT'D)

C. APPROVAL OF ALL AMENDMENTS TO THE CORPORATION'S BYLAWS WHICH DO NOT MATERIALLY AND ADVERSELY AFFECT THE VOTING RIGHTS OF THE COMMUNITY MEMBER;

D. APPROVAL OF THE CORPORATION'S OPERATING AND CAPITAL BUDGETS; AND

E. APPROVAL OF ITS TERMINATION AS THE GENERAL MEMBER OF THE CORPORATION.

DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW FORM 990

FORM 990, PART VI, QUESTION 11

SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990. ANNUALLY THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990. THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, OFFICE OF THE GENERAL COUNSEL, AND HUMAN RESOURCES. ADDITIONALLY, THE CHIEF FINANCIAL OFFICER SIGNS OFF ON THIS DATA BEFORE THE RETURN GOES TO THE PREPARATION STAGE. A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN. A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT AND THE AFFILIATE WITH THE CHIEF FINANCIAL OFFICER GIVING HIS/HER APPROVAL BEFORE THE RETURN IS FILED.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12

EACH INDIVIDUAL BOARD MEMBER AND OFFICER HAS TO SIGN AN ACKNOWLEDGEMENT FORM THAT THEY HAVE READ THE POLICY. ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL OFFICERS AND BOARD MEMBERS. ON THIS STATEMENT THE

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ATTACHMENT 1 (CONT'D)

INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SITUATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST. THE CEO AND BOARD CHAIR MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY. IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED TRUSTEE MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP. THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT. UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR MAY REQUEST THE TRUSTEE TO LEAVE THE ROOM OR NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS. IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED TRUSTEE SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, QUESTION 15

THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION.

IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE

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ATTACHMENT 1 (CONT'D)

ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE).

THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE.

ALL OFFICERS OF THE ORGANIZATION (I.E., CEO, CFO, COO) UNDERGO A REVIEW AND BOARD APPROVAL ANNUALLY. KEY EMPLOYEES AND OTHER EXECUTIVES OF SUTTER HEALTH WHO ARE CONSIDERED DISQUALIFIED PERSONS FOR FORM 990 REPORTING PURPOSES ARE HANDLED IN THE SAME MANNER.

AVAIL OF GOVE DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19

THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG. OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES.

COMPILATION, REVIEW AND AUDIT OF INDEPENDENT ACCOUNTANT FORM 990, PART XI, QUESTION 2

ANNUALLY THE SUTTER HEALTH SYSTEM HAS AN AUDIT OF COMBINED BALANCE SHEETS

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ATTACHMENT 1 (CONT'D)

AND STATEMENTS OF OPERATIONS PERFORMED BY INDEPENDENT AUDITORS. AN AUDIT
COMMITTEE SELECTS THE AUDITORS AND REVIEWS RESULTS.

DESCRIPTION OF BUSINESS TRANSACTION INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV

FRANCISCO RICO, A TRUSTEE OF EDEN MEDICAL CENTER (EMC), IS A 5.56%
SHAREHOLDER OF ALAMEDA ANESTHESIA ASSOCIATES MEDICAL GROUP (AAAMG).
DURING THE YEAR, AAAMG PROVIDED MEDICAL SERVICES IN AN ARMS-LENGTH
AGREEMENT WITH EMC.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
REHABCARE CORP PO BOX 502096 ST LOUIS, MO 63150-2096	MEDICAL SERVICES	2,885,672.
ALAMEDA ANESTHESIA ASSOC INC PO BOX 5641 PORTLAND, OR 97228-5641	MEDICAL SERVICES	2,206,620.
SUTTER EAST BAY MEDICAL FND 3687 MT DIABLO BLVD STE 200 LAFAYETTE, CA 94549	MEDICAL SERVICES	1,916,004.
PRINCIPAL STAFFING CONSULTANTS 6501 SOUTH FIDDLERS GREEN CIR STE 200 GREENWOOD VILLAGE, CO 80111	MEDICAL SERVICES	1,194,402.
TOTAL RENAL CARE PIEMONT C/O HAYWARD DIALYSIS - PO BOX 402946 ATLANTA, GA 30384	MEDICAL SERVICES	1,022,967.
TOTAL COMPENSATION		<u>9,225,665.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ADOLESCENT TREATMENT CENTERS, INC. 68-0088443 390 40TH STREET OAKLAND, CA 94609	HEALTH CARE	CA	501(C)(3)	3	SUTTER EBH
ALTA BATES SUMMIT FOUNDATION 51-0160184 2855 TELEGRAPH AVE #601 BERKELEY, CA 94705	FUNDRAISING	CA	501(C)(3)	11A	SUTTER EBH
SUTTER EAST BAY HOSPITALS 94-1196176 2450 ASHBY AVE BERKELEY, CA 94705	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER WEST BAY HOSPITALS 94-0562680 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
CALIFORNIA PACIFIC MEDICAL CTR FOUND. 94-2728423 2015 STEINER STREET, 2ND FLOOR SAN FRANCISCO, CA 94115	FUNDRAISING	CA	501(C)(3)	11A	SUTTER WBH
DELTA MEMORIAL HOSPITAL FOUNDATION 94-2417022 3901 LONE TREE WAY ANTIOCH, CA 94509	FUNDRAISING	CA	501(C)(3)	11A	SUTTER DELTA
EAST BAY PERINATAL CENTER 51-0172285 350 HAWTHORNE AVE OAKLAND, CA 94609	HEALTH CARE	CA	501(C)(3)	3	SUTTER EBH

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

JSA

9E1307 2.000

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SUTTER CONNECT 68-0209157 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827	HEALTH CARE ADMIN	CA	SUTTER HEALTH	NONPROFIT CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a X	
b Gift, grant, or capital contribution to other organization(s)	1b X	
c Gift, grant, or capital contribution from other organization(s)	1c X	
d Loans or loan guarantees to or for other organization(s)	1d X	
e Loans or loan guarantees by other organization(s)	1e X	
f Sale of assets to other organization(s)	1f X	
g Purchase of assets from other organization(s)	1g X	
h Exchange of assets	1h X	
i Lease of facilities, equipment, or other assets to other organization(s)	1i X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m X	
n Sharing of paid employees	1n X	
o Reimbursement paid to other organization for expenses	1o X	
p Reimbursement paid by other organization for expenses	1p X	
q Other transfer of cash or property to other organization(s)	1q X	
r Other transfer of cash or property from other organization(s)	1r X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
EDEN MEDICAL CENTER 94-2948100 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MARIN COMMUNITY HEALTH 94-2994751 250 BON AIRE ROAD GREENBRAE, CA 94904	SUPPORTING O	CA	501(C)(3)	11B	SUTTER HLTH
MARIN GENERAL HOSPITAL 94-2823538 250 BON AIRE ROAD GREENBRAE, CA 94904	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MEMORIAL HOSPITAL LOS BANOS 94-1551464 520 W I STREET LOS BANOS, CA 93635	HOSPITAL	CA	501(C)(3)	3	SUTTER CVH
SUTTER CENTRAL VALLEY HOSPITALS 94-1080917 1700 COFFEE ROAD MODESTO, CA 95355	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MILLS-PENINSULA HEALTH SERVICES 94-1156265 1501 TROUSDALE DRIVE BURLINGAME, CA 94010	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MILLS-PENINSULA HOSPITAL FOUNDATION 23-7288765 1501 TROUSDALE DRIVE BURLINGAME, CA 94010	FUNDRAISING	CA	501(C)(3)	11A	MPHS
MILLS-PENINSULA SENIOR FOCUS 94-2663918 1720 EL CAMINO REAL BURLINGAME, CA 94010	HEALTH CARE	CA	501(C)(3)	9	MPHS
PALO ALTO MEDICAL FOUNDATION 94-1156581 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
PALO ALTO MEDICAL FOUNDATION HOSPITAL CO 94-2206441 570 WILLOW ROAD MENLO PARK, CA 94025	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER WEST BAY MEDICAL FOUNDATION 94-2948131 2015 STEINER STREET, 1ST FLOOR SAN FRANCISCO, CA 94115	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SAMUEL MERRITT UNIVERSITY 94-2992642 450 30TH STREET # 2840 OAKLAND, CA 94609	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH
ST. LUKE'S HEALTH CARE CENTER 51-0201241 3555 CAESAR CHAVEZ STREET SAN FRANCISCO, CA 94110	HEALTH CARE	CA	501(C)(3)	3	SUTTER WBH
SUTTER AMADOR HOSPITAL 68-0291072 200 MISSION BLVD. JACKSON, CA 95642	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER AUBURN FAITH HOSPITAL FOUNDATION 94-2594966 11815 EDUCATION ST. AUBURN, CA 95602	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR
SUTTER COAST HOSPITAL 94-2988520 800 E WASHINGTON BLVD. CRESCENT CITY, CA 95531	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER DAVIS HOSPITAL FOUNDATION 68-0217870 2000 SUTTER PLACE DAVIS, CA 95616	FUNDRAISING	CA	501(C)(3)	11A	SUTTER SSR
SUTTER DELTA MEDICAL CENTER 94-1552887 3901 LONE TREE WAY ANTIOCH, CA 94509	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH

Schedule R-1 (Form 990) 2009

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SUTTER EAST BAY MEDICAL FOUNDATION 94-2690415 3687 MT. DIABLO BLVD., #200 LAFAYETTE, CA 94549	HEALTH CARE	CA	501(C)(3)	11A	SUTTER HLTH
SUTTER GOULD MEDICAL FOUNDATION 94-1682256 600 COFFEE ROAD MODESTO, CA 95355	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SUTTER HEALTH 94-2788907 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SUPPORTING O	CA	501(C)(3)	11C	NA
SUTTER HEALTH PACIFIC 99-0298651 91-2301 FT. WEAVER RD. EWA BEACH, HI, HI 96706	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER HEALTH SACRAMENTO SIERRA REGION 94-1156621 2800 L STREET, 7TH FLOOR SACRAMENTO, CA 95816	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER INSURANCE SERVICES CORPORATION 99-0289310 745 FORT STREET, SUITE 800 HONOLULU, HI, CA 96813	INSURANCE SE	HI	501(C)(3)	11B	SUTTER HLTH
SUTTER LAKESIDE HOSPITAL 94-1628356 5176 HILL ROAD EAST LAKEPORT, CA 95453	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MARIN 51-0206463 180 ROWLAND WAY NOVATO, CA 94945	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MATERNITY SURGERY CTR SANTA CRUZ 68-0279954 2900 CHANTICLEER AVE SANTA CRUZ, CA 95065	HOSPITAL	CA	501(C)(3)	3	PAMF
SUTTER MEDICAL CENTER FOUNDATION 94-2788906 20130 LAKE CHABOT RD, #103 CASTRO VALLEY, CA 94546	FUNDRAISING	CA	501(C)(3)	7	SUTTER HLTH
SUTTER MEDICAL CENTER OF CASTRO VALLY 77-0146047 2800 L STREET, #620 SACRAMENTO, CA 95816	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MEDICAL CENTER OF SANTA ROSA 68-0374805 3325 CHANATE RD SANTA ROSA, CA 95404	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MEDICAL FOUNDATION 68-0273974 2800 L STREET, 7TH FLOOR SACRAMENTO, CA 95816	HEALTH CARE	CA	501(C)(3)	11B	SUTTER HLTH
SUTTER NORTH MEDICAL FOUNDATION 94-1080019 969 PLUMAS STREET #205 YUBA CITY, CA 95991	HEALTH CARE	CA	501(C)(3)	11B	SUTTER HLTH
SUTTER REGIONAL MEDICAL FOUNDATION 20-0078199 2720 LOW COURT FAIRFIELD, CA 94534	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION 68-0040113 ONE MEDICAL PLAZA ROSEVILLE, CA 95661	FUNDRAISING	CA	501(C)(3)	11A	SUTTER SSR
SUTTER SOLANO CHARITABLE FOUNDATION 94-2668262 300 HOSPITAL DRIVE VALLEJO, CA 94589	FUNDRAISING	CA	501(C)(3)	11A	SUTTER SOLA
SUTTER SOLANO MEDICAL CENTER 94-1241942 300 HOSPITAL DRIVE VALLEJO, CA 94589	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH

Part III

[illegible]

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust[illegible]

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2009

[illegible]